

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-017954

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 100

FILED MAY 31 1962

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		c. CITY OR TOWN <b>Butler</b>	
Length of stay in 1b <b>50 yrs.</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>310 W Mill St</b>		d. STREET ADDRESS (If outside, give location) <b>310 W Mill Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Josephine</b> Middle <b>Bell</b> Last <b>Kaiser</b>		4. DATE OF DEATH Month <b>May</b> Day <b>16th</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/19/91</b>
9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>12</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>cook</b>	
11. BIRTHPLACE (City and state or country) <b>St Clair Co Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Issac Henry Parks</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Perrine</b>	
14. NAME OF HUSBAND OR WIFE <b>Henry Kaiser.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>3</b>		17. INFORMANT <b>Junior Potter, Butler Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 Mon</b> <b>1 Mon</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Butler Missouri</b>	
21. I attended the deceased from <b>April 1962</b> to <b>May 16, 1962</b> Death occurred at <b>4 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <b>April 1962</b> to <b>May 16, 1962</b> Death occurred at <b>4 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Carter W. Butler M.D.</b>		22b. ADDRESS <b>Butler Missouri</b>	
22c. DATE SIGNED <b>5-18-62</b>		22d. LOCATION (City, town, or county) <b>Butler Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/19/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	23d. LOCATION (City, town, or county) <b>Butler Missouri</b>
24. FUNERAL DIRECTOR <b>Culver Underwood=Butler Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>5-19-62</b>	
26. REGISTRAR'S SIGNATURE <b>Norm Jean Wilson</b>		26. REGISTRAR'S SIGNATURE <b>Norm Jean Wilson</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*John G. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.